

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 25/03/2021 15:06 (SGT)  
Date of Accident ..... 25/03/2021 12:05 (SGT)  
Exact Location of Accident ..... Geylang Road, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB3421T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITYCAB PTE LTD  
Company Reg No ..... 199502839G  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-98560700  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Ioniq  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1580

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419140  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEN BOON KWEE  
NRIC No ..... S1717377D

Date Of Birth .....	30/10/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	17/07/1986
Driving experience .....	34 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98560700
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 499A TAMPINES AVENUE 9 #06-210
Address complement .....	-
Postcode .....	521499
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

25/03/2021 12:05HRS ALONG GEYLANG ROAD I MET ACCIDENT WITH VEHICLE B (SJB6002B) AND HE HIT VEHICLE C (SJT9817C). I DRIVING VEHICLE A (SHB3421T) BEHIND VEHICLE B BUT SUDDENLY HE MAKE A SUDDEN STOP, I NOTICED AND DO A E-BRAKE HAS I STILL HAVE A DISTANCE HOWEVER MY VEHICLE A REAR ENDED WITH VEHICLE B. I HAVE 1 MALE MALAY PASSENGER AND CONVEYED TO HOSPITAL BY AMBULANCE BUT I NO MANAGE TO GET HIS PARTICULAR. I HAVE BEEN ADVISED BY FLASH TO DO POLICE REPORT AS MY PASSENGER INJURED. TRAFFIC POLICE GIVEN ME CASE CARD FOR REFERENCE AND SD VIDEO IN-CAR CAMERA SEIZED BY TP. I MIGHT TO SEEK MEDICAL ADVICE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD SEIZED BY TP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJB6002B
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Vehicle Manufacturer .....	Honda
Vehicle Model .....	Stream
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	RAZAK
Contact Number .....	(Phone) +65-97332253
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJT9817C
Vehicle Manufacturer .....	Suzuki
Vehicle Model .....	Swift
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHB3421T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

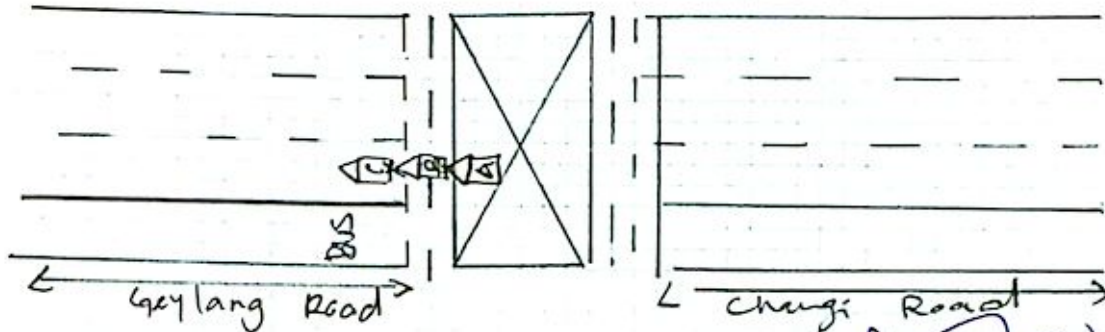
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Det Hashim  
NRIC/FIN No: 13:00

SKETCH PLAN



A - SHB3421T  
B - SJB6002B  
C - SJT9817C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

25/3/2021 12:05hrs along Gaylang Road  
I met accident with vehicle B (SJB6002B) and  
he hit vehicle C (SJT9817C). I driving vehicle A  
(SHB3421T) behind vehicle B but suddenly he  
make a sudden stop, I noticed and do a e-brake  
has I still have a distance however my vehicle A  
rear ended with vehicle B. I have 1 male  
malay passenger and conveyed to Hospital by ambulance  
but I no manage to get his particular. I have  
been advised by Flash to do Police report as my  
passenger injured. Traffic Police given me a case  
card for reference and SD video in-car camera  
seized by TP. I might to seek medical advice.

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature  
Date & Time

Driver's Sign.  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name: Del Hashim  
NRIC/FIN No: 13:00

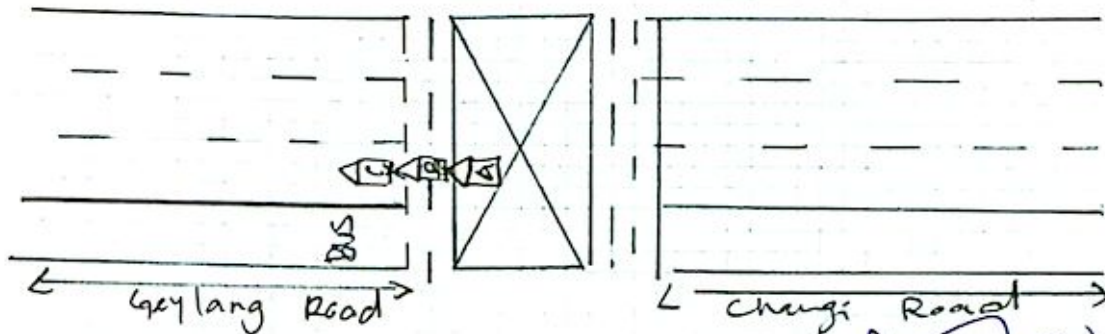






## SKETCH PLAN

A - SHB3421T  
 B - SJB6002B  
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 passenger injured. Traffic Police given me a case  
 card for reference and SD video in-car camera  
 seized by TP. I might to seek medical advice.

## DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature  
 Date & Time

Driver's Sign.  
 (If driver is not the policyholder)  
 Date & Time

Reporting Centre Personnel's Signature  
 Name: Del Hashim  
 NRIC/FIN No: 13:00







